Faculty Declaration Form (For AY 2025-2026)

Name of the College: **EAST WEST INSTITUTE OF MEDICAL SCIENCES AND RESEARCH, TALIT, PURBA BARDHAMAN, WEST BENGAL**

Assessment date	__/__/____	**Remarks and Signature of Assessor**
Accepted	Yes / No	
Assessor's name		

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee has not appeared for assessment in another college for any discipline and in any capacity during the stated academic year.

1. Name of Faculty: INSHA ALEENA
2. Age & Date of birth: 25 (Years) 03/08/1999
3. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport copy

   Number: 4301 9770 3961

   Issuing Authority: GOVT. OF INDIA

   Note:
   (i) Declaration forms without a valid government issued Photo ID will NOT be accepted.
   (ii) It is mandatory to produce original certificates at the time of verification.
   (iii) Only certificates/documents/certified translations in the English language will be accepted.

4. Present Designation: TUTOR
   a. Appointment order: Certified copy of order at this institute attached: Yes / No
   b. Department: ANATOMY
   c. College/Institute: **EAST WEST INSTITUTE OF MEDICAL SCIENCES AND RESEARCH**
   d. City / District: PURBA BARDHAMAN
   e. Appointment:
      (i) Regular/Contractual/Ad-hoc basis
      (ii) Full time /Part time
      (iii) With Private practice / Without Private practice
   f. Date of appearance in last MCI/NMC assessment:
      i. UG / PG / Any other: _____
      ii. Name of College: _____
      iii. Whether appeared and accepted at the same College: Yes / No
      iv. Whether appeared and accepted for the same designation: Yes / No
      v. Whether retired from Government Medical College: Yes /No
      vi. If yes, designation at the time of retirement: _____

Signature of the Faculty

East West Institute of Medical Sciences & Research ★ Purba Bardhaman

Signature & Seal of Dean

Prof. Dr. Amitava Pal
Principal
East West Institute of
Medical Sciences & Research,
Burdwan-Suri Road, Talit, Pin: 713141

5. Complete Residential Address of the employee:
   a. Present: _____
   b. Permanent: ACRE - VERONICA - TOWER - 6A - FLAT - 2A 54/10 D.C. DEY ROAD, TANGRA, KOLKATA, W.B - 700015

6. Copy of Proof of Residence submitted and original verified: Yes / No
   (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

7. Contact details:
   a. Office telephone with STD code: _____
   b. Residence telephone with STD code: _____
   c. Mobile Phone Number: 7278937537
   d. Email address: _____

8. Date of joining the present institution: ____ / ____ / _____

9. Joining report verified / attached Yes / No

10. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No.
    If yes, give details (strike out whichever is not applicable):
    a. at MCI/NMC Regional MET Centre: Yes /No.
    b. at your college under Regional Centre observer ship: Yes / No
       i. Name of Observer: _____

11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS	2023	Sri Balaji Vidyapeeth University 2023	93222 22/05/2023	WBMC
MD/MS				
DM/MCh				
PhD				

   a. MD/MS subject: _____
   b. DM/MCh subject: _____
   c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

12. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified and attached: ✓ Yes / No

b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No

13. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			__/__/__	__/__/__	___(y)___(m)
Senior Resident	Neuroscience	Apollo Multispeciality Hospitals Limited	21/01/2023	21/06/2025	2(y)___(m)
Tutor			__/__/__	__/__/__	___(y)___(m)
Asst. Professor			__/__/__	__/__/__	___(y)___(m)
Assoc. Professor			__/__/__	__/__/__	___(y)___(m)
Professor			__/__/__	__/__/__	___(y)___(m)

*** Write NA (Not Applicable) for the designations not held**

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	___(y)___(m)
Classified Specialist		__/__/__	__/__/__	___(y)___(m)
Advisor		__/__/__	__/__/__	___(y)___(m)

*** Note: Documents in support of each posting to be furnished for verification**

14. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

15. Details of employment before joining the present institution:

a. Name of College/Institution: _____

b. Designation: _____ Date on which relieved: __ / __ / ____

c. Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No

16. PAN Card Number: CKAPA7335L

17. Aadhar card Number: 4301 9770 3961

18. I have drawn total emoluments from this college in the current financial year as under:

Month	Amount Received	TDS
1. April _____		
2. May _____		
3. June _____		
4. July _____		
5. August _____		
6. September _____		
7. October _____		
8. November _____		
9. December _____		
10. January _____		
11. February _____		
12. March _____		

[Copy of PAN card & Form 16 (downloaded from TRACES) for FY 2023-2024 (Assessment Year 2024-25)to be attached]

19. Number of Research articles in Indexed Journals:
    a. International Journals: ____
    b. National Journals: ____
    c. State / Institutional Journals: ____

20. Details of other publications:
    a. Number of Books published:
    b. Number of Chapters in books:

DECLARATION

1. I, Dr. Insha Aleena am working in the capacity of full-time in the Department of Anatomy at EWIHS&R Medical College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from __:__ A.M. to __:__ P.M. daily at this Institute.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
    a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
    b. I practice at _____ Nursing Home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM/PM to __: __ AM/PM.
4. I am not working in any other medical/dental college in or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date: 08/07/2025

Place: Talit, Purba Bardhhaman

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**

2. I also confirm that Dr. Insha Aleena is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM to 05 : 00 PM, since she/he has joined the Institute.

3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the misdeclaration or misstatement.

Date: 07/07/2025

Place: Talit, Purba Bardhhaman

Signature (Head of Dept.) with official seal

Professor & H.O.D
Dept. of Anatomy
East West Institute of
Medical Sciences & Research.
Burdwan-Suri Road, Talit, Pin: 713141

Signature (Head of Institute) with official seal

Prof. Dr. Amitava Pal
Principal
East West Institute of
Medical Sciences & Research.
Burdwan-Suri Road, Talit, Pin: 713141

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute.	Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all teaching appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 2019-20 (Assessment Year 2020-21)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15	Copy of Aadhar Card	Yes / No

Signature of Faculty
Date: 07/07/2025

Signature of the HOD.
Date:
Professor & H.O.D
Dept. of Anatomy
East West Institute of
Medical Sciences & Research.
Burdwan-Sui...ad, Talit, Pin: 713141

Signature of Head of Institute
Date:
Prof. Dr. Amitava Pal
Principal
East West Institute of
Medical Sciences & Research.
Burdwan-Suri Road, Talit, Pin: 713147

Signed & Verified (Assessor)
Date:

NOTE

I) This Declaration Form will not be accepted and the faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.

II) The faculty member will not be considered as a Teaching Faculty if the original Appointment letter, relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.

III) Faculty members must submit the revised Declaration form in this format only, Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Insha Aleena.

West Bengal Medical Council

IB - 196, Sector - III, Salt Lake, Kolkata - 700 106 • E-mail : wbmc@wbmc.in
Website : www.wbmc.in

Certificate of Registration

Certificate Number 93222

Kolkata, the 22 May, 2023

Name	Address or appointment	Date of Registration	Qualification and dates thereof
INSHA ALEENA	54/10 D. C. DEY ROAD, ACTIVE ACRES, T-6A, F-12A, KOLKATA - 700015	22-05-2023	M B B S (Sri Balaji Vidyapeeth University), 2023

It is hereby certified that this is a true Copy of the entries of the above specified Name in Columns 3, 5, 2, and 6 of the Register of Registered Practitioners.

Registrar
West Bengal Medical Council

WEST BENGAL MEDICAL COUNCIL ★ 1914 ★ CALCUTTA

IMPORTANT NOTICE

Every Registered Medical Practitioner should be careful to send to the Registrar immediate Notice of any change in his / her address, and also to answer all enquiries that may be sent to him/her by the Registrar in regard thereto, in order that his/her correct address may be duly inserted in the Register of Registered Practitioners; otherwise, by Section 16, Sub-section (2) of the Bengal Medical Act, 1914, such Practitioner is liable to have his/her name erased from the Register of Registered Practitioners.

Introduced w.e.f. 01.04.2017

West Bengal Medical Coun

(Constituted under Legislative Act and approved by Govt. of West Beng

IB - 196, Sector III, Salt Lake, Kolkata - 700106

Phone : (033) 2335-3078

Registration No. : 93222

Date of Registration : 22-05-2023

Name : DR. MS. INSHA ALEENA

Father's Name : MOHAMMED IFTAKHAR ALAM

Sex : Female Blood Group : B+ve

Insha Aleena.

Signature of Doctor

Signature of Registrar, WBM

CERTIFICATE NO
2301115

ISSUED ON
25 AUGUST 2023

VERIFIABLE ONLINE AT
HTTP://VERIFY.SBVU.AC.IN

SRI BALAJI VIDYAPEETH

(DEEMED TO BE UNIVERSITY)

DECLARED UNDER SECTION 3 OF THE UGC ACT, 1956

FACULTY OF MEDICINE

THE BOARD OF MANAGEMENT *of*
SRI BALAJI VIDYAPEETH
hereby makes known *that*

INSHA ALEENA

has been admitted to the Degree *of*

BACHELOR OF MEDICINE & BACHELOR OF SURGERY
(M.B.,B.S.,)

having been certified by duly appointed Examiners
at the Examination held in FEBRUARY 2022 at
MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
to be qualified to receive the same and having completed the prescribed
Compulsory Rotatory Residential Internship in MARCH 2023,
with University Identity No : 1701001080

Prof. NIHAR RANJAN BISWAS,
VICE CHANCELLOR

REGISTRAR

PONDICHERRY, INDIA

Apollo Multispeciality Hospitals Limited
#58, Canal Circular Road,
Kolkata, West Bengal - 700054

PROFESSIONAL FEE STATEMENT FOR THE MONTH OF JANUARY 2024

Employee ID	1276399	**Employee Name**	Insha Aleena		
Designation	Resident	**Department**	Neuro Sciences	**PAN**	CKAPA7335L
Location	Canal Circular Road - Kolkata	**Job Grade**	C-11	**PF No.**	
Date of Birth	03-AUG-1999	**Date of Joining**	21-JUL-2023	**UAN**	
Gender	Female	**Med. Insurance. No.**		**ESI No.**	
Bank Name		**IFSC Code**	UTIB0004545	**Bank A/c No**	923010034630126

Earnings	Amount	YTD	Deductions	Amount	YTD
Retainer Fee - Doctors (Residents/Registrars)	47,300.00	283,800.00	TDS on Retainership Fees	4,730.00	30,058.00
Arrear Retainer Fee- Doctors (Residents/Registr	0.00	16,784.00			
Total Earnings	47,300.00	300,584.00	**Total Deductions**	4,730.00	30,058.00

Net Pay **Rs. 42,570.00**

In Words **Rupees Forty Two Thousand Five Hundred and Seventy Only.**

Loan Type	Loan Amount	EMI	Deducted till date	Balance	For the Month	
					Principle	Interest

Days In Month (A)	Arrear Days (B)	LOPR Days(C)	LOP Days (D)	Net Days Worked (E = A + B + C - D)
31.0	0.0	0.0	0.0	31.0

Additional Particulars for the month	Days/Numbers

This document contains confidential information. If you are not the intended recipient you are not authorized to use or disclose it in any form.
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14/06/2024

Apollo Multispeciality Hospitals Limited
#58, Canal Circular Road,
Kolkata, West Bengal - 700054

PROFESSIONAL FEE STATEMENT FOR THE MONTH OF JUNE 2025

Employee ID	1276399	**Employee Name**	Insha Aleena		
Designation	Resident	**Department**	Neuro Sciences	**PAN**	CKAPA7335L
Location	Canal Circular Road - Kolkata	**Job Grade**	C-11	**PF No.**	
Date of Birth	03-AUG-1999	**Date of Joining**	21-JUL-2023	**UAN**	
Gender	Female	**Med. Insurance. No.**		**ESI No.**	
Bank Name		**IFSC Code**	UTIB0004545	**Bank A/c No**	923010034630126

Earnings	Amount	YTD	Deductions	Amount	YTD
Retainer Fee - Doctors (Residents/Registrars)	50,100.00	150,300.00	TDS on Retainership Fees	5,010.00	15,030.00
Total Earnings	50,100.00	150,300.00	**Total Deductions**	5,010.00	15,030.00

Net Pay Rs. 45,090.00

In Words Rupees Forty Five Thousand and Ninety Only.

Loan Type	Loan Amount	EMI	Deducted till date	Balance	For the Month	
					Principle	Interest

Days In Month (A)	Arrear Days (B)	LOPR Days(C)	LOP Days (D)	Net Days Worked (E = A + B + C - D)
30.0	0.0	0.0	0.0	30.0

Additional Particulars for the month	Days/Numbers

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If you received this in error please destroy it along with any copies and notify the sender immediately.
07/07/2025

भारत सरकार

GOVERNMENT OF INDIA

Insha Aleena

DOB: 03/08/1999

Female / FEMALE

4301 9770 3961

आधार - साधारण मानुषের অধিকার

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address

D/O Md.Iftakhar Alam, ACTIVE
ACRE-VERONICA-TOWER-6A- FLAT-12A,
54/10 D.C.DEY ROAD, Tangra, Kolkata,
West Bengal - 700015

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

ভারতের নির্বাচন কমিশন

ELECTION COMMISSION OF INDIA

নির্বাচকের সচিত্র পরিচয় পত্র ELECTOR PHOTO IDENTITY CARD

ZJJ2760625

নাম: ইনশা আলিনা

Name : INSHA ALEENA

পিতার নাম : মোহম্মদ ইফতেখার আলম

Father's Name : MOHAMMED IFTAKHAR ALAM

লিঙ্গ/Gender : স্ত্রী / Female

জন্ম তারিখ / বয়স : 03-08-1999

Date of Birth/ Age :

ঠিকানা : বেরোনিকা,টাও-6এ,ফ্লোর12-এ,আক্টিভ একর 54/10, ডী.সী. দে রোড, তংগরা,ট্যাংরা,কলকাতা,700015

Address : VERONICA,TOWER-6A,FL.12-A,ACTIVE ACRE 54/10, D.C. DEY ROAD, TANGRA,TANGRA,KOLKATA,700015

তারিখ Date : 07-03-2020

নির্বাচক নিবন্ধন আধিকারিক
Electoral Registration Officer

বিধানসভা নির্বাচনক্ষেত্রের নং ও নাম : 163-এন্টালী (সাধারণ)

Assembly Constituency No. and Name : 163-Entally (GENERAL)

অংশ নং ও নাম : 154-ভূতনাথ মহামায়া গার্লস স্কুল রুম-২

Part No. and Name : 154-BHUTNATH MAHAMAYA GIRLS SCHOOL R2

বিঃ দ্রঃ / Note

1. আপনার কাছে এই কার্ড থাকলে এমন কোন নিশ্চয়তা নেই যে বর্তমান ভোটার তালিকায় আপনার নাম রয়েছে। প্রতিটি নির্বাচনের আগে অনুগ্রহ করে ভোটার তালিকায় নাম যাচাই করুন।

Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.

2. এই কার্ডে উল্লিখিত জন্ম তারিখ ভোটার তালিকায় নাম নথিভুক্ত করা ব্যতীত অন্য কোন কাজের জন্য মান্য হবে না।

Date of birth mentioned in this card shall not be treated as a proof of age / D. O. B. for any purpose other than registration in electoral roll.

आयकर विभाग

INCOME TAX DEPARTMENT

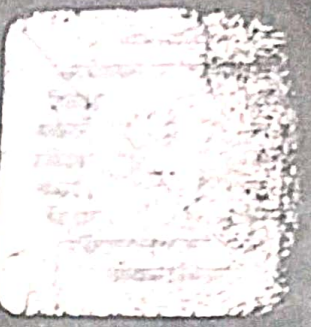
भारत सरकार

GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CKAPA7335L



नाम / Name

INSHA ALEENA

पिता का नाम / Father's Name

MOHAMMED IFTAKHAR ALAM

जन्म की तारीख / Date of Birth

03/08/1999

Insha Aleena

हस्ताक्षर / Signature

Indian Union Driving Licence

Issued by **GOVERNMENT OF WEST BENGAL**

WB

WB05 20230015755

Issue Date	Validity(NT)	Validity (TR)*
30-11-2023	02-08-2039	00-00-0000

Holder's Signature

Name: INSHA ALEENA

Date of Birth: 03-08-1999 Blood Group: B+ Organ Donor: N

Son/ Daughter/Wife of: MD.IFTAKHAR ALAM

Address:

ACTIVE ACRE-VERONICA-TOWER-6A-FLAT-12A 54/10 D.C.DEY ROAD Tangra Kolkata West Bengal 700015

Date of First Issue 30-11-2023

DLWB0041733

DL No : WB05 20230015755

Invalid Carriages (Regn. Numbers)*

Hazardous Validity* 00-00-0000

Hill Validity* 00-00-0000

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MGWG			NT/TR			
	LMV	WB05	30-11-2023	NT/TR		00-00-0000	
	TRANS			TR			
MVSD	CNEQP			NT/TR			

Emergency Contact Number

Licensing Authority
KASBA

Permanent Address :

54/10 D. C. DEY ROAD,
ACTIVE ACRES, T-6A, F-12A,
KOLKATA - 700015

-

Qualification :

MBBS (Sri Balaji VU), 2023